


# EXHIBIT 43

PLEASE TYPEWRITE OR PRINT (BLACK INK) DO NOT ERASE, STRIKE OUT, OR CROSS OVER.

 <b>Massachusetts Registry of Motor Vehicles</b> <b>RMV-1 Application Form (617) 351-4500</b> <a href="http://www.massrmv.com">http://www.massrmv.com</a>		3. Number of Documents <input type="checkbox"/> RO (Registration Only) <input type="checkbox"/> RX (Registration Transfer) <input type="checkbox"/> ST (Salvage Title) <input type="checkbox"/> RT (Registration & Title) <input type="checkbox"/> TAR (Title Add Registration) <input type="checkbox"/> TO (Title Only) <input type="checkbox"/> SW (Summer/Winter Swap) 4. <input type="checkbox"/> Address Change			
1. Reg Eff Date	2. Reg Exp Date	5. Plate Type	6. Registration Number	7. Previous Title #	8. State
<b>Registration/Vehicle Information</b>					
9. Type of Registration: <input type="checkbox"/> Passenger <input type="checkbox"/> Bus <input type="checkbox"/> Taxi <input type="checkbox"/> Livery <input type="checkbox"/> Commercial <input type="checkbox"/> Trailer <input type="checkbox"/> Auto Home <input type="checkbox"/> Semi-Trailer <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/> Other		10. Vehicle Identification Number: <b>H D 1 G H V 1 9 3 K 3 1 0 8 6 5</b>			
11. Year	12. Make	13. Model Name	14. Model #	15. Body Style	16. Circle Color (s) of Vehicle
2003	HD	FXD DYNA	T	MC	0-Orange 1-Black 2-Blue 3-Brown 4-Red 5-Yellow 6-Green 7-White 8-Gray 9-Purple
17. # of Cylinders/Passengers/Doors	2 / 0 /				
8. Transmission	19. Total Gross Weight (Laden)	20. Motor Power	21. Bus: <input type="checkbox"/> Regular <input type="checkbox"/> DPU <input type="checkbox"/> Livery <input type="checkbox"/> Taxi <input type="checkbox"/> School Pupil		
<input type="checkbox"/> Automatic		<input checked="" type="checkbox"/> Gasoline <input type="checkbox"/> Diesel	If carrying passengers for hire, max no of passengers that can be seated: _____		
<input checked="" type="checkbox"/> Manual		<input type="checkbox"/> Electric <input type="checkbox"/> Other	If school bus, is it used exclusively for city, town, or school district? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Owner Information</b>		22. Owner 1 License #/State		23. Owner 2 License #/State	
		015304651 MA			
5. Owner 1 Name (Last, First, Middle)		26. Owner 1 Date of Birth		28. Owner 2 Date of Birth	
DUFF, ROBERT J.		0/14/1940			
7. Owner 2 Name (Last, First, Middle)		30. City/Town Where Vehicle is Principally Garaged:			
1. Mailing Address		City	State	Zip Code	
46 BARTONS LANE		MILTON	MA	02186	
2. Residential Address		City	State	Zip Code	
3. For Leased Vehicles include License Number, Date of Birth and State or EIN/FID Number and Name of Lessee					
M M D D Y Y					
4. For Leased Vehicles, Include Address, City, State, and Zip Code of Lessee					
<b>Signatures</b>		WE THE APPLICANTS HEREBY CERTIFY UNDER THE PENALTIES OF PERJURY THAT THERE ARE NO OUTSTANDING EXCISE TAX LIABILITIES ON THE VEHICLE DESCRIBED ABOVE THAT HAVE BEEN INCURRED BY THE APPLICANTS, ANY MEMBER OF THE APPLICANT'S IMMEDIATE FAMILY WHO IS A MEMBER OF THE APPLICANT'S HOUSEHOLD OR THE BUSINESS PARTNER OF THE APPLICANT(S). THE UNDERSIGNED HEREBY FURTHER CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. FALSE STATEMENTS ARE PUNISHABLE BY FINE, IMPRISONMENT OR BOTH.			
i. Signature of Owner From Block 25 or 29. Also Print Name If Different					
j. Signature of 2nd Owner From Block 27. Also Print Name If Different					
k. Authorized Dealer's Signature		38. Dealer Reg No.			
		1			
l. Seller's Name (Please Print)					
CYCLE CRAFT COMPANY INC.					
m. Seller's Address					
1760 REVERE BEACH PKWY (RT 16) EVERETT MA 02149					
<b>Insurance Certification</b>		THE COMPANY SIGNATORY HERETO HEREBY CERTIFIES THAT IT HAS OR WILL INSURE OR GUARANTEE PERFORMANCE BY THE APPLICANT HEREBY NAMED WITH RESPECT TO THE MOTOR VEHICLE HEREIN DESCRIBED FOR A PERIOD AT LEAST COTERMINOUS WITH THAT OF SUCH REGISTRATION UNDER A MOTOR VEHICLE LIABILITY POLICY, BINDER OR BOND WHICH CONFORMS TO THE PROVISIONS OF GENERAL LAWS, CHAPTER 175, SECTION 113A, AND THAT THE PREMIUM CHARGE AND CLASSIFICATION ON THE EFFECTIVE DATE OF REGISTRATION ARE AS ESTABLISHED BY THE COMMISSIONER OF INSURANCE UNDER CHAPTER 175, SECTION 113B, 113H AND CHAPTER 175E.			
41A. Policy Effective Date:					
Policy Change Date:					
41B. Manual Class: 41C. Ins. Company & Code:		Insurance Co's Authorized Representative's Signature			
<b>Title Data</b>		42. Date of Purchase		43. Odometer Reading	
		8/09/2003		10	
<input checked="" type="checkbox"/> New Vehicle <input type="checkbox"/> Used Vehicle <input type="checkbox"/> Reconstruct <input type="checkbox"/> Owner Retained <input type="checkbox"/> Theft <input type="checkbox"/> Prior Owner Retained		If new vehicle, certificate of origin must be submitted			
5. Title Type: <input type="checkbox"/> Clear <input type="checkbox"/> Salvage <input type="checkbox"/> Repairable <input type="checkbox"/> Parts Only		47. Secondary Salvage Brand			
6. Primary Salvage Title Brands:		48. Date of 1st Lien			
		11			
49. Date of 2nd Lien					
<b>Lienholder Information</b>		we certify that all liens on this vehicle are listed below 0. First Lienholder Code 51. Name 2. Lien Address 3. Second Lienholder Code 54. Name 55. Lien Address			

## Sales or Use Tax Schedule

## Fee Information

C - C 02517  
CONFIDENTIAL